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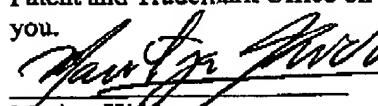
9/27/05

	NAME	FAX	PHONE
Bingham McCutchen LLP 1900 University Avenue East Palo Alto, CA 94303-2223 650.849.4400 650.849.4800 fax bingham.com	TO Examiner ISSUE FEE Commissioner for Patents	(571) 273-8300	
	FROM Maritza Kidd Maritza.kidd@bingham.com	(650) 849-4800	(650) 849-4481
	PAGES (INCLUDING THIS COVER PAGE): 3		
	RE Issue Fee payment for US Appl 09/852,541		

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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23639 7590 06/29/2005

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Maritza Kidd
 9-27-2005
 (Depositor's name)
 (Signature)
 (Date)

09/29/2005 (TRANSMISSION NO.)	502518 (FILING DATE)	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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01 FC:1501	09/29/2005 DA	05/10/2001	Jonathan S. Stinson	PC10247C	7185
02 FC:1501 (TITLE OF INVENTION: NEUROANEURYSM OCCLUSION AND DELIVERY DEVICE AND METHOD OF USING SAME)					
03 FC:8001	3.00 DA				

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/29/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MILLER, CHERYL L		373B	623-001110		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCHNEIDER (USA), Inc.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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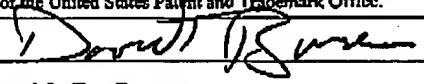
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature 

Date 9/27/05

Typed or printed name David T. Burse

Registration No. 37,104

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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